## Application or Docket Number

| patent | APPLICATION | FEE   | DET  | ERN   | MOITANI | reco | RD |
|--------|-------------|-------|------|-------|---------|------|----|
|        | Effective   | e Oct | ober | 1, 20 | 000     |      |    |

AT 000025

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |             |   |                 |              |                                  | -                | SMALL ENTITY TYPE C |                     |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|---|-------------|---|-----------------|--------------|----------------------------------|------------------|---------------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |             | 6   |                 |              |                                  |                  | RATE                | FEE                 |                        | RATE                          | FEE                 |                        |
| FOR   |             | NUMBER FILED                              |                 | NUMBER EXTRA |                                  |                  | BASIC FEE           | 355.00              | OR                     | BASIC FEE                     | 710.00              |                        |
| TOTAL CHARGEABLE CLAIMS   |             | BLE CLAIMS                                | 6 minus 20= *   |              | 9                                | 9                |                     | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS  |             |   | 2_minus 3 =   * |              |                                  |                  | X40=                |                     | OR                     | X80=                          |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |             |   |                 |              | **                               |                  |                     | +135=               |                        | OR                            | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |             |   |                 |              |                                  | TOTAL            |                     | OR                  | TOTAL                  | 710                           |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |             |   |                 |              |                                  |                  | SMALL               | NTITY               | OR                     | OTHER<br>SWALL                | ll l                |                        |
| AMENDMENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| NOR   | Total       | t   | Minus           | άά           |                                  | =                |                     | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| AME   | Independent | *   | Minus           | ***          | T OL 4134                        | =                |                     | X40=                |                        | OR                            | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |             |   |                 |              |                                  | +135=            |                     | OR                  | +270=                  |                               |                     |                        |
|   |             |   |                 |              | •                                |                  | l                   | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |             |   |                 |              |                                  |                  |                     |                     |                        |                               |                     |                        |
| AMENDMENT B   |             | CLAIMS REMAINING AFTER AMENDMENT          |                 | NUM<br>PREV  | HEST<br>MBER<br>HOUSLY<br>D FOR  | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| SE CON  | Total       | tr  | Minus           | **           |                                  | =                |                     | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| A ME  | Independent | *   | Minus           | ***          |                                  | =                |                     | X40=                |                        | OR                            | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |             |   |                 |              |                                  | ן נ              | +135=               |                     | OR                     | +270=                         |                     |                        |
|   |             |   |                 |              |                                  | TOTAL ADDIT. FEE |                     | OR                  | TOTAL                  |                               |                     |                        |
| (Column 1) (Column 2) (Column 3)  |             |   |                 |              |                                  |                  |                     |                     |                        |                               |                     |                        |
| AWENDWENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUI<br>PREV  | HEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT          |                     | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW   | Total       | t t                                       | Minus           | **           |                                  | =                |                     | X\$ 9=              |                        | OR                            | X\$18=              | ï                      |
| AME   | Independent | *   | Minus           | ***          | UT O' A'                         | =                | ╣                   | X40=                |                        | OR                            | X80=                |                        |
|   | FIRST PRESE | NTATION OF M                              | ULTIPLE DE      | PENDE        | VI CLAIN                         |                  |                     | +135=               |                        | OR                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |             |   |                 |              |                                  |                  | TOTAL               | <u> </u>            | ╣                      | TOTAL                         |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |                 |              |                                  |                  |                     |                     |                        |                               |                     |                        |